

MEDICAL/DENTAL/VISION EXPENSE SHEET

2016-2017

Occidental College - Financial Aid Office - 1600 Campus Road F-35 - Los Angeles, CA 90041
323.259.2548 (phone) - 323.341.4961 (fax) - finaid@oxy.edu - www.oxy.edu/financial-aid

STUDENT'S NAME: _____

OXY ID: _____

(NEW STUDENTS LEAVE BLANK)

If your family has high medical/dental/vision expenses that **exceed 4% of the parent(s)' Adjusted Gross Income (AGI)**, please submit this form (with documentation) to the Financial Aid Office so we may review these costs when determining financial aid eligibility. Medical costs listed below can only be the result of out-of-pocket expenses that the family paid in the 2015 calendar year. Expenses covered under any health insurance program or other entity (including medical spending accounts) **cannot** be considered.

Please provide documentation for payments made in the 2015 calendar year, such as receipts, bank or credit card statements, account summaries, etc. Documentation **must show the amount paid and the date of payment** for the medical expense. Please highlight all payments on corresponding documentation. If you **itemized your medical expenses on Schedule A** of your federal tax return, you may submit Schedule A in lieu of other documentation. If submitting Schedule A, please use this sheet to list your itemized medical expenses by the type of expense (doctor's visit, prescriptions, dental, vision, etc.).

All items listed must have supporting documentation. Items that are listed without documentation will not be considered. Items submitted are subject to approval by the Financial Aid Office. Additional information may be requested. If you **need additional space**, please make a copy of this form and number each page that you submit.

MEDICAL/DENTAL/VISION PAYMENTS (2015 calendar year)

Please list the type of expense (doctor's visit, prescriptions, dental, vision, etc.), the doctor/company (e.g. CVS Pharmacy, Dr. Green DDS), the total paid to that doctor/company in 2015, and the type of documentation you are providing to substantiate that cost (e.g. receipts, bank statements, Schedule A).

Type of Expense: _____ Doctor/Company: _____

Amount Paid in 2015 \$ _____ Documentation Provided: _____

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CERTIFICATION

I certify that all information reported on this form and any attachments and subsequent information provided to the Occidental College Financial Aid Office is true, complete, and accurate to the best of my knowledge. I understand that false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Parent Signature (no electronic signatures)

Print Name

Date